LOBBYIST ANNUAL REPORT FORM



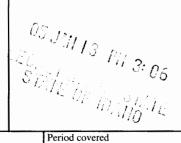
State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} \textbf{Page} \underline{\hspace{0.5cm}} \text{ of } \underline{\hspace{0.5cm}} \textbf{Page}(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$



(Type or print clearly in black ink) See instructions at bottom of page

			at bottom of page						
Lobbyist's name and permanent business address						te prepared		Period co	overed
Julie Lynde 5237 Wmatilla Ave.								\	year ending
52	37 /	1 mati	la HVP.			1-11-05	-		(
Baise, ID 83709					1 4	1 11-00		(Mo.)	(Day) (Yr.)
W)	5e, 1	- <i>D</i> 8	5109						2007
Item 1	Totals	of all reportab	le expenditures made or						
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for Item 3, at b						ontributed by each em	ployer (Identify	employers,	under
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1			F1	Employer No. 3 Employ	
				Employer	NO. 1	Employer No. 2	Employer	No. 3	Employer No. 4
Entertainment Food and Refreshment			s <u>427.52</u>	\$		\$. \$		\$
Living Accommodations									
Advertising							.		
Travel							.		
Telephone							.		
Other Expenses or Services 122. U6							.		
Total \$ <u>550. 18</u>				\$		\$. \$		\$
*\			you are reporting for requ						ntered on Page 1.
Item									
2	Date		Place		Amount	Names	of Legislators &	Public Offi	ciais in Group
	FRANCE (TO THE BEST OF THE BES								
R. C.									
₩. C. C.									
			The state						
	Continued on	attached page(s)	Vacantas**						
INSTRUCTIONS							Employer(s) Name(s) and Address(es)		
					No.1	Corners	one 7	nstitu	Her Idako
Who should file this form: Any lobbyist registered under Section						P.O. Box	19102	3	, U
67-6617 Idaho Code.						Cornerstone Fastitute of Idako No.1 P.O. Box 191023 Boise, ID 83719			
Filing deadline: Annual report is due on January 31st.									
TO BE FILED WITH:									
Ben Ysursa									
Secretary of State PO Box 83720									
Boise, ID 83720-0080									
Phone: (208) 334-2852 Fax: (208) 334-2282									3
									M. Same

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator. Amount Name of Legislator Receiving or Benefited 2-3-04 2-3-04 3-11-04 3-11-04 28:59 Sen. Skip Brandt Rep Janes McGeachen Sen. Skip Brandt Rop Janice Mc Geachin Subject matter of proposed legislation, the number of the Senate LEGISLATIVE SUBJECT IDENTIFICATION ltem or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject 10 Agriculture, horticulture, 17 Health service, medicine, drugs Subject Code Bill, Resolution or Other | Appropriation Bill Number farming, and livestock and controlled substances, health (from table) Legislative Ident. Number and Section Number 02 Amusements, games, athletics insurance, hospitals 31 51294 and sports Higher education Banking, finance, credit and Housing, construction, codes 19 RS 13954 31 investments Insurance (excluding health Children, minors, youth, insurance) senior citizens Labor, salaries and wages, 31 Church and religion collective bargaining 06 Consumer affairs Law enforcement, courts, Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and 23 License, permits water use Liquor Manufacturing, distribution and N8 Education Elections, campaigns, voting, services political parties Natural resources, forest and Equal rights, civil rights, forest products, fisheries, mining 10 minority affairs and mining products Government, financing, Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment appropriations, bids, fees, funds insurance, public assistance, 12 Government, county workmen's compensation 13 Government, federal Transportation, highways, Government, municipal streets and roads 14 Government, special districts 15 Utilities, communications, Government, state televisions, radio, newspaper, power, CATV, gas 31 Other (please specify) 1-11-05 Date Employer No. 2 signature Date Employer No. 3 signature Date CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Employer No. 4 signature Date